



PASADENA COMMUNITY COLLEGE DISTRICT

ADMISSIONS & RECORDS OFFICE

Credit for Prior Learning (CPL) Evaluation Request

Credit for Prior Learning (CPL)* Information and Guidelines:

Students seeking CPL must be currently enrolled at PCC, have completed at least 12 units at PCC, and be in good academic standing at PCC. Students may not be currently enrolled in the course(s) which they are seeking consideration for CPL. At least 50% of the coursework required to complete any certificate pattern must be completed at PCC and CPL cannot supersede any of the 50% requirement. CPL may not be available for all courses offered and is determined by approved curriculum decisions at the division level. **Submit all official transcripts from all colleges/universities attended to the Admissions & Records Office for consideration of CPL.** All official transcripts must be complete and include all grades from the final semester attended. The official transcripts should not be more than one year old.

***Please Note:** Speak with an academic Counselor to determine if the use of CPL benefits your specific academic goals. Contact an academic Counselor if you are seeking Credit by Exam. **Also Note:** CPL is not currently recognized by the UC system.

Name: _____ PCC ID #: _____
LAST FIRST

Email: _____ Phone #: _____

Type of Credit for Prior Learning CPL requested: (only check one box) Documentation supporting the request is required. Submit one form per type of CPL request. A Counselor will help you with this form.

Work-based or professional development learning
 Industry recognized credential documentation
 Student-created portfolio
Attention Student: Meet with a Counselor to review and refer you to the appropriate Division based on your educational plans/goals.

Joint Service Transcripts (JST)
Attention Counselor: Submit an official evaluation request form with this petition to the Admissions & Records Office.

Student signature authorizes PCC to evaluate and award the maximum number of units requested.

Student Signature: _____ Date: _____

PCC Course(s) to Receive Credit for <i>Example: SOC 001</i>	Faculty Comments / Recommendation
	Accept Deny
	Accept Deny
	Accept Deny
	Accept Deny
	Accept Deny

Faculty Signature: _____ Date: _____

Faculty Name and Division (please print): _____

ATTN Division Faculty: Return signed and completed form to L113 for additional processing.

Evaluations Use Only: